

Building Permit # \_\_\_\_\_

ELEV Permit # **ELEV** \_\_\_\_\_



Department of Planning & Community Development  
Division of Building Construction Services  
400 Granby Street, Norfolk, Virginia (757) 664-6565

Project Address \_\_\_\_\_ Unit \_\_\_\_\_ Application date \_\_\_\_\_

Applicant:

Owner ☐

Contractor ☐

Agent ☐

Design Prof. ☐

Property Owner and Occupant Information Name _____	Applicant name _____ Phone # _____
Address _____	Elevator Contractor's Name _____ Phone # _____
City/State/Zip _____	Contractor State License # _____ Class <b>A</b> <input type="checkbox"/> <b>B</b> <input type="checkbox"/> <b>C</b> <input type="checkbox"/>
Phone # _____ Fax # _____	Contact Person _____ Phone # _____
Occupant _____	Address _____
	E-mail Address _____ Other _____

**Work to be performed on:**

Residential ☐

Multiple Family ☐

Commercial ☐

Specify occupancy of building \_\_\_\_\_

**TYPE OF WORK**

New Installation ☐

Alteration / Modernization ☐

Repair ☐

Project Cost\$ \_\_\_\_\_

TYPE OF SYSTEM Elevator travel from \_\_\_\_\_ to \_\_\_\_\_ Drive (circle one) traction/drum Contract load \_\_\_\_\_ pounds

\_\_\_ Passenger Contract speed \_\_\_\_\_ FPM Describe hoistway enclosure \_\_\_\_\_

\_\_\_ Freight Travel \_\_\_\_\_ Number of stops \_\_\_\_\_ Inside dimensions of car \_\_\_\_\_ X \_\_\_\_\_ Emerg. Exit top of car \_\_\_\_\_

\_\_\_ Elevator Car safety: \_\_\_\_\_ Type \_\_\_\_\_ Type of car buffer \_\_\_\_\_ Stroke \_\_\_\_\_ Type of C.W. Buffer \_\_\_\_\_ Stroke \_\_\_\_\_

\_\_\_ Escalator Is space below pit occupied? \_\_\_\_\_ Type of governor (car) \_\_\_\_\_ cable size \_\_\_\_\_

\_\_\_ Moving Walk Location of governor \_\_\_\_\_ Slack cable device? Yes \_\_\_\_\_ No \_\_\_\_\_

	Cables	No.	Size	Material
___ Dumbwaiter				
___ Wheelchair lift	Hoist			
___ Stairway lift	Car C.W.			

\_\_\_ Material lift

**Three copies of drawings must be submitted for each unit and attached hereto.**

**Office Use Only**

Approved by: \_\_\_\_\_

Permit Fee\$ \_\_\_\_\_

Admin Fee\$ \_\_\_\_\_

Cash \_\_\_\_\_ Check# \_\_\_\_\_

Remarks \_\_\_\_\_

I agree to work in conformity to the ordinances & regulations of the City of Norfolk and the Uniform Statewide Building Code.

Print name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_